

Craven County Recreation & Parks Department

Summer Day Camp-2012 Registration Form

Registrant Information (please print clearly)

Child's Full Name: _____ DOB: _____

Address: _____
Street City State Zip

Name Child Goes By: _____ Age: _____ Gender: _____

Name of Parent/Guardian: _____ Relationship to Child: _____

Home Phone _____ Work Phone _____ Cell/Other _____

Please list the persons authorized to pick-up your child from camp: _____

_____ Email _____

Please mark beside each session your child will attend:

_____ Session 1: June 18 – June 29 Paid \$ _____ check # _____ /cash

*****No camp week of July 2 – July 6*****

_____ Session 2: July 9 – July 20 Paid \$ _____ check # _____ /cash

_____ Session 3: July 23 – August 3rd Paid \$ _____ check # _____ /cash

The Day Camp will operate from 8 am-5 pm Monday through Friday. The cost is \$110 per 2-week sessions. Campers age 6-11 will enjoy games, arts & crafts, and several field trips during each of the 2-week sessions. Campers will need to bring a bag lunch and drink each day.

PLEASE NOTE THAT A \$1 PER MINUTE FEE WILL BE CHARGED AFTER 5:00 PM AND YOUR CHILD WILL NOT BE ABLE TO RETURN TO CAMP UNTIL THE FEE IS PAID.

Pre-registration is required for all camps. Since Ben Quinn operates on 2-week session schedules, pre-registration is required for each session. All registration is done on a first-come, first-serve basis and enrollment is limited. Payment confirms enrollment.

****Sorry, no refunds will be given.**

Make checks payable to: CRAVEN COUNTY RECREATION & PARKS DEPARTMENT

Return form to: Craven County Recreation & Parks Dept.
Attn: Day Camp Director
406 Craven Street
New Bern, NC 28560

Emergency Information (need at least one, and can not be parent/guardian)

Person to contact in case of emergency

Relationship

Telephone Number

Person to contact in case of emergency

Relationship

Telephone Number

Medical Information

Please list all medications child is currently taking and reason the medication is being administered.

Does the child have any allergies? YES NO If yes, please list below:

Please list below anything else medically that we should know about your child.

PLEASE NOTE: If your child takes medication during the school year for behavior and/or health reasons, he/she is required to continue taking it while attending our day camp.

Craven County Recreation & Parks Department Release Form

I/we, the undersigned parent(s)/guardian of _____, do hereby certify to the Craven County Recreation & Parks Department, further known as "CCR&PD" that the above named participant is in good health and is physically able to participate in the Summer Day Camp Program. I/We, the undersigned parent(s)/guardian of the above named participant, will not hold the CCR&PD, its staff or instructors responsible for any accident to me/my child going to and from Ben Quinn Summer Day Camp or during the Day Camp hours specified. I/we, the undersigned parent(s)/guardian of the above named participant, authorize the CCR&PD/personnel, paid or volunteer, to take my child to a doctor or the emergency room of a hospital in the event deemed necessary. I/we, the undersigned parent(s)/guardian, agree to pay any and all medical expenses incurred. I/we, the undersigned parent(s)/guardian of the above named participant, understand that the CCR&PD staff is not responsible for my child ***before or after*** camp hours.

Parent/Guardian Signature

Date